

1-28-97 0 0865 NC
FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H04799

(3)

1. Corporation Name

UNIVERSITY CADILLAC, INC.

Principal Place of Business

8363 N.W. 6TH WAY
SUITE 400
FT. LAUDERDALE FL 33309

Mailing Address

6363 N.W. 6TH WAY
SUITE 400
FT. LAUDERDALE FL 33309-6119

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/23/1984

3a. Date of Last Report

03/26/1996

4. FEI Number

59-2414451

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACINNES, DONALD A
MORSE OPERATIONS, INC.
6363 N.W. 6TH WAY, SUITE 400
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Donald A. MacInnes

(NOTE: Registered Agent signature required when reinstating)

1/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME MORSE, EDWARD J
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE P ☐ DELETE

NAME MORSE, EDWARD J JR
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V ☐ DELETE

NAME BEAVER, RICHARD L
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE VTS ☐ DELETE

NAME MACINNES, DONALD A
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald A. MacInnes

1/21/97

DATE

954-381-0055

Daytime Phone #

0200005

CR2E034 (9/96)